9.45-15M

VS A15

PLEASE

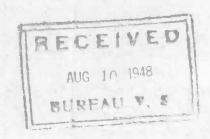
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07300/8

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) If veloran, name war
3. (a) FULL NAME	3. (b) Social Security Number
granville C. L	Boyle no
4. Sex St Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Harried	20. DATE OF DEATH July 30 19 4P at 6:30 PM
6.(6) Name of husbard or pile to anora Boyle	21. I CERTIFY that death occurred on the date above lated; that I attended deceased from
(Alian	y or 1944, to July 191948
7. Birth date of S. (c) If alive, give age years	and that I just saw h that all ye on July 2 5 19 45
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
63 / 29hrsmin.	Cornary emplying sludden
9. Birtholace Richardson Co, Newrosko	Pue to
(Town/ county, and state)	Hypertensive C. V. Dreward - 4 yrs.
10. Usual occupation.	Que to.
11. Industry or business Clark of Circuit Court	
E 12. Name Crommel Boyle	Other conditions Dealetes Mellitus 4 yrs.
13. Birthplace Cecil Co. Brid	Durdena blag. 1/45.
14. Maiden name Margaret Kakılang 15. Birthplace Fourford Co., Md,	(Include pregnaucy within 3 months of death)
E Harland Co. md	Major liadiugs of operatioos
11. Britishate Company 11. Barrier	Dale of op
16, Informant	Autopsy results
Address Charles 11119, R. R.	
17 Burial Dalothereof Clug, 2 194	22 VIOLENCE: If death was due to external causes, fill in the following:
(Burial, exemation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Townford Co, Mid.	Injured at home, farm, Industry, public place (where?)
18. Funeral director The Bailer	Means of Injury Injured at work?
Manlin to mol	100010 166 114
Address 21 W Wingles 1119	23. SIGNATURE
19 July 31 19 48 Berther B. Kright	Chu Swelle het M. Donather 31



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

073/2/2 Reg. Dist. No. //2/2

	CATE OF DEATH Reg. Dist. No. J. S.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Harfurd	State Md County Tractad
(If outside city or town limits, write RURAL and give nearest town)	Don sor
low long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Lulu Ca	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I (of maoned	20, DATE OF DEATH SULY 21, 1948, 21 2
200	21. / CERTIFY Mat death occurred on the date above stated; that lattynded deceased from
6.(b) Name of husband or wife.	July 13, 136 1 July 21,
	for the second s
7. Birth date of deceased (mo., day, yr.) Het 28 1887	and that tast we have at death of the pure
8. AGE: Years Months, Days, It less than one day	Cerebral amoolism of
6/ H 7/hrs.	min. Draf all
mo	Teloleral Varicage 17
9. Birthpiace	Very less with.
10. Usual occupation,	Seletish Variere
11. Industry or husings	ulcers (Targy)
	Other conditions
12. Name 2 upan Bradley 13. Birthplace 13. Birthplace	
# And The Aller	(Include pregnancy within 3 months of death)
14. Maiden name le me torrittor	Major findings of operations.
≥ 15. Birthplace	Oate of op.
16. Interment Charlotte Wall	Actopsy results.
Address Delston ma	PHYSICIAN: Please underline the cause to which death should be charged statistically
Bun 9 1/24/1/8	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
(Burial, cremation, or removal, Whigh)	
Cemetery or crematory. Takenade	Where did injury occur?
Location Benson ma	Injured at home, farm, industry, public place (where?)
fa. 16 els - s	Means of injury ginjured at work?
1B. Funeral director.	Elino of the
Address Benson Md.	23. SIGNITURE FOLD F. Julasou, A
7/23 48 (fineword.	M. D. or other
(Date sec'd by registrar) Reg	ristrar Address Date signed

MARGIN RESERVED FOR BINDING

JUL 27 1948

A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

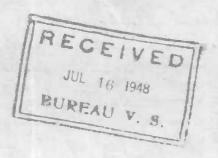
2411 N. Charles St., Baltimore

100a

CERTIFICATE OF DEATH

Reg. Dist. No. .

	O HOUSE DECIDENCE (LIONATE) OF DECESOR
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(Lot he worth intense States and mother)
	State County County
City or town	City or town M Ball Dan
How long in above place of death? 2 400	City or town
Hospital, tostitution, or street address where death occurred:	Charle W.
Trackord Convalence Trace	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	. 3. (b) Social Security Number
thomas That	rison Challe 3.(0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	9. 11 13 40 (50)
7,000000	20. DATE OF DEATH
c (h) Name of husband or wife \ \) o 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of bushand or wife	1948, 10 July 1.3. 1948
	A CLASSIC
7. Birth date of	and that I last saw (I saw alive on
deceased (mo., day, yr.) Months Days If less than one day	Immediate cause of dealer, DURATION
8. AGE: Years Months Days If less than one day	Siplicemia 6da
8 6 6hrsmin.	
Bash. a mad	Solved of Mala
9. Birthplace Baltimore Co. Ma	Due to 1000
(Town, county, and state)	Varieor alcer of Vlag \$8/35/44 alia)
1D. Usual occupation. Lacuel	Due to.
11 Industry or hucinace	
11. Industry or business	
12. Name Jesus Challe 13. Birthplace Balto, Comb.	Diher conditions
13. Birthplace (Balto, Co md.	
	(Include pregnancy within 3 months of death)
14. Malden name Balto. Co. md.	Major findings of operations.
E 15 Stribolace (Balta Ca Md	Oate of op.
m: 10 00 00	
16. toformant lusa fullo of Challe	Autopsy results
3001 DESUNDED ROOK 18	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3906 CG FOCK VA GALLA. 10.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Wireal Date thereof fills 15 1948	Accident, suicide, or homicide
(Burial, cremation, or removal Which) (month) (day) (year)	
Cemetery or eremetery (Jaleuc)	Where did injury occur?
Olandary mil	
Location Aserblew MA	Injured at home, farm, Industry, public place (where?)
Howard Tarrial Dy Novin	Mesns of Injury tojured at work?
18. Funeral director	0.11
Address Obeldeen ma.	(1) Dead (2) Interdance
9/11/ 1/0 10/	23. SIGNATURE
19. 1978 700000	Lorant 1 100 ms 7/12/40
(Date rec'd by registrar) Registrar	Address A G CROZ CLL /A Q Date signed



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Chartes St., Battimore Correge CERTIFICATE OF DEATH 1. PLACE OF DEATH ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly How long In hospital or Institution?. 3. (a) FULL NAME 7. Birth date of deceased (mo., day, yr.)

If less than one day

07303

185-

2. USUAL KESIDENCE (HON-	ence of mother)	
State Modern	County Harland	
Alaine de	Grace /	
Cily or tow (If outside city or tow	prinits, write RUPAL and give near of town)	
Street No. 331 50 4	trouvery aller	
	al, give LOCATION)	
2.(a) If veteran, name war	/	
71.	3. (b) Social Security Number	-
risk-		
MEDICA	AL GERTIFICATION	-
	11 11	l
20. DATE OF DEATH	July 20 19 + 8 ,1 9 A.	
21. I CERTIFY that death occupred on the	date above stated: that I affended deceased from	
Has 1	10 48 to July 20 19 48	
21. I CERTIFY that death occurred on the	Jul 26 19 4	Š.
Immediate cause of death	DURATION	_
corelas	hemmage - I das	
	0	
Due to aslerio Sc	lesso 50 yrs	
bue to	3.0	***
		• • •
Due to		
***************************************		000
Dther conditions		0 4
(Include pregnancy w	ithin 3 months of death)	-
Major findings of operations		0.0
	Date of op	**
Autopsy results	se to which death should be charged statistically.	
22. VIOLENCE: It death was due to ext	ernal causes, till in the following;	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or	town) (County) (State)	
Injured at home, farm, Industry, public p		
Means of Injury	Injured at work?	
7	11000 -1 71.0	
	/ / I / / / / / / / / / / / / / / / / /	

23. SIGNATURE.

Registrar

RESERVED FOR BINDING MARGIN

8. AGE:

9. Birthplace ...

10. Usual occupation.

11. Industry or business

13. Birthplace 14. Maiden name

(Date ryc'd by registrar)

PLAINLY, vis especially 国 WALIT PLEASE

JUL 24 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			1	,	V	1	1	
er.	Diat.	No.			0	[

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED,
County Trainard	(For newborn infants give residence of mother)
Musiciana Percelinan	State Maryland County Transford
(If outside city or town limits, write RURAL and give nearest town)	City or town Paraguan nd.
How long in above place of death	(If outside city or town limits, write RURAL and give nearest town)
tospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Charles W. Denniso	3. (b) Social Security Number
4. Sox 5. Color or race 6.(a)Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Chidowed	20. DATE OF DEATH. Inly 21 18.46 at 836
6.(6) Name of husband or wife and fluxed fluxed	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw h. Ma alive on July 19 18.4
deceased (mo., day, yr.) Vefet. 12 w 1863	Immediate cause of death
8. AGE: Years Months Days It less than one day	Chroun Yabrules Hrest Stream 29
9 Birtholace Perryman Harford Co., M.	Due to
(Town, county, and state)	
10. Usual occupation	Duo to
11. Industry or business	_
12. Name Clearles W. Dennison 13. Birthplace Maryland.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Webster 15. Birthplace maryland	
S 15 Birtheless MARULA	Major findings of operations.
Polint (H) and is and	
16. Informant Comment	Autopsy results
Address Werdeen Md. U.D."	22. VIOLENCE: If death was due to external causes, till in the following:
17 Queial Date thereof July 24 194	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or orematery. Mulaw 1. 16.	Where did Injury Occur?
Location Near aberdeen ma	Injured at home, tarm, Industry, public place (where?)
The was Tarried O 8- 1 acen	Means of Injury Injured at work?
18. Funeral director	
attended to the second	
Address Otherseen md	- 23. SIGNATURE At Dulancy MA

MARGIN RESERVED FOR BINDING

A115



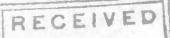
07305

CERTIFICATE OF DEATH

185-

(Por response Infants give reliance of continer) When the contine and specific Reliable of Continers (Reliable Reliable	CERTIFICA	Reg. Dist. No.
State. County Co	1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
State of town in the patron of	has he	
(If custode city or town limits, write RURAL and give nearest town) (or lone in above pice of seals). (or lone pice of seals). (or lone in above pice of	11. 122 12 42 2 5 5	State Maryland County Has Lord
tor long in baser place of death? The long in baser place of death? The long in boundary of street indexes where death occurred. The long in boundary or street indexes where death occurred. The long in boundary or street indexes where death occurred. The long in boundary or street indexes where death occurred. The long in boundary or street indexes where death occurred. The long in boundary or street indexes where death occurred. The long in boundary or street indexes where death occurred in the long of	(If outside city or town limits, write RURAL and give nearest town)	
Street No. (If rural, give LOCATION) Street No. (If rural, give LOCATION) 2(a) If reteran, name war. 2(b) Hereran, name war. 3. (b) Social Security Number 3. (c) FULL NAME 3. (d) Singir, married, widered, or diverced MEDICAL CERTIFICATION 70. DATE OF DEATH 21. ICENTIFY that deeth occurred on the dide above states, that I strended deceased from the dide above states, that I strended deceased		City or town.
Street No (If rurst, give LOCATION) 2(a) If veteran, name war. 3. (b) Social Security Number 3. (c) FULL NAME Set 5. Color or race 8. (c) Single, married, witdoesd, or diverced MEDICAL CERTIFICATION 70. DATE OF DEATH 71. LESTIFY that death occurred on the date above stated; that I attended deceased from the deceased from, day, y.) 8. (c) If plive, give age to get the state of the state above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the state above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the state of death. 9. Usual occupation. 1. Industry or building. 1. Industry or town) 1. Industry or building. 1. Industry or town) 1. Industry or building.		(If outside city of town hights, write NORAL and give nearest town)
or long in Social or institution? 2.(a) FULL NAME Set 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 7. Color or race 8. (b) Hame of hurband or wife 8. (c) If alive, give age 9. Jeans 19. Sat 11. Industry or hunbers 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maidea name 15. Birthplace 16. Informant MU 17. Color or race 18. Informant MU 19. Date information 19. Sat 11. Industry or business 12. Name 13. Birthplace 14. Maidea name 15. Birthplace 16. Information 17. Out of certain promoty Winich:) 18. Birthplace 19. Date information 19. Sat 19. Sat		Street No.
3. (b) Social Security Number 3. (c) FULL NAME Sex 5. Solor or race 6. (a) Single, married, widowed, or diverced MEDICAL CERTIFICATION 20. DATE 8F BEATH 21. I CERTIFY that death occurred on the dife above stated; that I altereded deceased from deceased (now, day, yr.) May 21, 18 Single and that I list saw h alive on the deceased from the day on the day of the saw and that I list saw h alive on the day of the saw and that I list saw h alive on the day of the saw and that I list saw h alive on the day of the saw and that I list saw h alive on the day of the saw and that I list saw h alive on the saw and tha	A Company of the comp	(If rural, give LOCATION)
See S. Every Books Days If less than one day Surable Control of Beauty Surable Control of Section Surable Control of Section	ow long in hospital or institution?	. 2.(α) If veteran, name war
Set S. Color or race S.		3. (b) Social Security Number
Married 3.(b) Name of husband or wife 12. I CERTIFY that death occurred on the date above stated, that I attended deceased from deceased from 42, 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		ATTRICAL OFFICIATION
S. (b) Name of husband or wife B. (c) If pile, give age S. (d) Is add that list saw h S. (d) Is add		MEDICAL CERTIFICATION
S. (b) Name of husband or wife B. (c) If pile, give age S. (d) Is add that list saw h S. (d) Is add	MI W married	20 DAY OF DEATH (Left 1 12 10 1/8 . 4's
Second content of the content of t	m. I m of 1	
Address 1. Birth place During Dur	0.(O) Name of musually of wife	
Address 1. Birth place During Dur	B.(c) If alive, give age \$6 year	rs 19, to
Birthplace (Town, county, and atate) (Include pregnancy within 3 months of death) (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 months of death) Major fiodings of operations (Include pregnancy within 3 m	7. Right date of	and that I last saw halive on19
Birthplace Michigan and atternation of country or business 12. Name Maiden name Market Maiden name Maiden name Market		Immediate cause of death DURA
Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name (December of the condition of the cond	8. AGE: Years Month's Days If less than one day	Total witholder
Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name (December of the condition of the cond	89 min	-1011
(Town, county, and atate) 10. Usual occupation. 11. Industry or businers 12. Name	0. 0 1 00 11 0 10 5	January Comments
Due to. Due to. Due to. Due to. Due to. Due to. Distripsiace The properties of operations Major fieldings of operations Date of op. Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically accident, suicide, or homicide. Date of op. Date of op. Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of op. Means of injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Means of in	9. Birthplace Michaelsvelle, Harford Co., Md	Due to Cerebia Established
Due to	(Town, county, and atate)	Mainary Vetention
11. Industry or business 12. Hame	10. Usual occupation. Farmer	
12. Name 13. Birthplace 14 art of the Compt (Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) Major fiedings of operations. 16. Informant Mul 15. Birthplace (Include pregnancy within 3 months of death) Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maans of Injury injured at work?		Due to
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Dividence 18. Informant Address 19. Date thereof. July (year) Cemetery or crematory Location 18. Funeral director Address Address Address Address Address Address Address Address Address Accident, suicide, or homicide. Injured at home, farm, industry, public place (where?) Injured at work? Major fiodings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically accident, suicide, or homicide. Date of the following: Accident, suicide, or homicide. Mere did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	11. Industry or business	_
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Dividence 18. Informant Address 19. Date thereof. July (year) Cemetery or crematory Location 18. Funeral director Address Address Address Address Address Address Address Address Address Accident, suicide, or homicide. Injured at home, farm, industry, public place (where?) Injured at work? Major fiodings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically accident, suicide, or homicide. Date of the following: Accident, suicide, or homicide. Mere did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	= 12. Name The elean Ty Lara	Dither conditions and and tackers
14. Maiden name		
14. Maiden name 15. Birthplace 16. Informant Address 17. During (Burinl, cremation, or remove). Which?) Cemetery or crematory. Location Location Location Address A	at 13. Birilipiace	(Include pregnancy within 3 months of death)
Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of	= 14. Maiden name 7 Varrell Vtocl/Please	/
Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of	10 mm 1 m	Major fiedings of operations
Address PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	≥ 15. Birthplace	- Date of op.
Address PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	16 Informant / Ne To Adverse Lord	Autopiy results
Date thereof (month) (dsy) (year) Cemetery or crematory (City or town) Location (State) Address Date thereof (month) (dsy) (year) Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manns of injury Injured at work? Address A	(Paral) - he 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Date thereof (month) (day) (year) Accident, suicide, or homicide	Address Jeregman, Ma	Z .00 VIOLENCE. If death was due to external source. All in the following.
Cemetery or crematory. Which?) County) County	17 (Bures & Para thoras July 1st 19st	-X
Cemetery or crematory Location Location Service Address Address Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Address A	(Burial, cremation, or remove). Which?) (month) /(dsy) (year)	Accident, suicide, or homicide
Injured at home, farm, Industry, public place (where?) 18. Funeral director. Address Addre	M. J. e a Te a	Where did injury occur?
18. Funeral director. Then red at work? Address Address	bemetery or crematory	" (City or town) (County) (State)
Address Aberdier Md 23. SIGNATURE Carles John D. or other	Location Jerryman	Injured at home, farm, Industry, public place (where?)
Address Aberdier Md 23. SIGNATURE Carles John D. or other	4.10 mes 10 10 mm; 10 ms.)	Means of Injury Injured at work?
July 13 18 48 a. L. Lewis m. D. 3. SIGNATURE COM. D. or other	18. Funeral director. All the Market	
July 13 18 48 a. L. Lewis m. D. 3. SIGNATURE COM. D. or other	Miles de de M. m.	11/10/40 0.1
Muly 13 19 48 4. T. Lewes W. A. James of James o	Address	- By SIGNATURE COCKER TOTAL TOTAL
(Date recidity recistrar) Registrar Address / Favre de / Occasional 7/1	Luly 13 . US 11. T. Lever on.	M. D. or other
	(Date rec's by registrar) Registrar	it sedrace / Have de / Duck pais closed 7/1

MARGIN RESERVED FOR BINDING



JUL 16 1948

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change of

2411 N. Charles St., Baltimore

age shown on: CERTIFICAT	E OF DEATH	Reg. Dist. No. 182
11M No. G. 1 16 JUL 26 1948	2. USUAL RESIDENCE (HOME) OF	
County Sangar	(For newborn infants give residence of m	nother)
City or town(If outside city or town limits, write RyraL and give nearest town)	State Count	y sougord
How long in above place of death?	City or town	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurre:	Street No	
no	(If rural, give L	MA
How long in hospital or institution?	2.(a) If veteran, name war	
Henry Fadock you	rell	3. (b) Social Security Number
4. Sex 5. Color or race 6. 6. married, wildowed, or dividuced	MEDICAL CE	RTIFICATION
Totale while Widewer	20. DATE OF DEATH.	13 1948 11341
6.(b) Name of husband or wife Etizaleth Grandle	21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased from
Deagh S.(c) It alive, give age years	()	10 10 194
7. Birth date of deceased (mo., day, yr.) Sept. 27, 183-6	and that I last saw h	DURASKON
8. AGE: Years Months Days It less than one day 91 99 9 6	Imm diatel cause of death	emoting 5 hou
9. Birthplace for ford Co. Md. (Town, county, and state)	Oue to Fall dewor	r Slacks
10. Usual occupation.	Oue to	
11. Industry or business		
12. Name	Other conditions	
daras blommelle	(Include pregnancy within 3 me	onths of death)
14. Malden name 14. Day 1 CS May	Major findings of operations	
Mr. Herlint Propress		
16. Informant 10 and 1	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
Address & Wanger, July 15-190	22. VIOLENCE: If death was due to external caus	es, fill in the following;
(Burial, commetion, or removal. Winteh?) Oate thereot. (month) (day) (year)	Accident, suicide, or homicide	Cate of the
Cemetery of exemptory artington Can	Where did injury occur?	(County) (State)
Location To Off A Con My	injured at home, farm industry, public place (whe	Alasta
18. Funeral director To Dailey	Means of Injury Tall Books	O Original at work?
Address Darlington Mid,	#1/	Jar was
Cheler 14 28C. W. Hirle	23. SIGNATURE	M. D. or other
(Date regal by registrar)	Address parlings	The Office algored

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

9-45-15M

VS A15

JUL 20 1948 .

DIACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

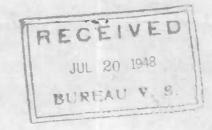
83a

I A HEHAL BEELDENCE (LLOBATE) OF DECEASED

CERTIFICATE OF DEATH

Reg. Dist. No. 1/82

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	
(if outside city or town limits, write RURAL and give neares sewn)	State Maryland County Harford
92 20-71	City or town But - an armai
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of Street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Isaac Monroe Higgins	218-18-0457
4. Sex 5. Color or race 6. (a) Single, married, widewed, or diversed	
m. In last 1	MEDICAL CERTIFICATION
Male therite Married	20. DATE OF DEATH July 12 19 48 , a 6:30 P M
Ettie Hagin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B,(b) Name of historia	July 11 1948 10 July 12 1048
	and that last say h im alive on July 12 1948
7. Birth dato of deceased (mo., day, yr.) april 18.1871	
8. AGE: Years Months Days If less than one day	Immediate cause of death
5. AUL. 7-9 0 011	Cerebral Hemorrhage 40 hrs.
9. Birtholace allegnancy to n. C	Bue to
(Town, county, and state)	
10. Usual occupation Carpenter	
11. Industry or business Housework	Due 10
# 12. Name Songel Afriggins	Other conditione: Essential Hypertension ?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other conditione: BSETTOTAL TRYPET CETTS TOTAL
	(Include pregnancy within 3 months of death)
# 14. Maiden name Carcoffine Once	
14. Maiden name Carolina Chiefe 15. Birthplace Quicananum Cr. M. C.	Major findings of operations
115. Brimpiete 10 200 - 20 Hz	Date of op.
16. Informant	Autopsy results
Address Bel-air Md Huras	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 11900	-22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cemation, or removal. Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Dale (Dave Con	
Cemetery or crematory	Where did injury occur?
Location To arthora Co. Mid.	Injured al home, tarm, Industry, public place (where?)
The Bailing	Mesne of Injury Injured at work?
18. Funeral director	
Address arlungton md.	Milland P Winds
11 13 48 C F History	23. SIGNATURE M. D. or other
19 Date rego by registrary Registrar	Address Forest Hill, Maryland, Date signed 7/13/48
Transfer of the registration	· Auul Cas M. M. M. M. M. M. M. Advertook, S



CERTIFICATE OF DEATH

la	
100	17311/82
	11/3/11/02
	Dan Disk sNI //

	Kog. Disc. (No.)
1. PLACE OF DEATH farford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME The. Belle Kernt (Kern	3. (b) Social Security Number
Finale Phile Widow	MEDICAL CERTIFICATION 2D. DATE OF DEATH. July 14 19.48, 218:20 P. M
6.(b) Name of husband or wife 6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw hit alive on MAN 19.7. Immediate cause of death. OURATION
75 9 17nrs. mln.	Congestine Heart failure 2 wks.
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Sclerosi - Cacho - Reval
11. Industry or business, at 1800me	Due to.
12. Name Mongonery Cr. Va	Olher conditions
14. Maiden name Eller Cathon	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informant AVA Man Baldwin	Antopsy results.
Address Darlington All g.	PHYSICIAN: Please underline the cause to which death should be charged statistically. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery Commence Com	Where did injury occur?
Location At & Barley	Meens of Injury Injured at work?
Address Darlington Md,	23. SIGNATURE Dudley Phillips M.D. or other
19 Mate red by registrar 19 48 C. H. FUNR Registrar	Address Darlington nid Date signed 7/15/48

KFADING INK. Supply every item of information carefully. The cart. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

carredt age

PLEASE WRITE PLAINLY, WITH LAFT is especially important. VS/A15

JUL 20 1948

BITREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

07309

DURATION

CERTIFICAT	TE OF DEATH Reg. Dist. No. 183
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in onts give residence of mother) State
3. (a) FULL NAME Congresse State Saffhere 4. Sex 5. Color or tre 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Finale raile Widow B.(6) Name of husband or wife John B Hacauer	2D. DATE DF DEATH 2 19 2 1 19 2 21. I CERTIFY that death occurred on the date above stated; 'that affended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw hell alive on July 20 19 Immediate cause of death DURA DURA DURA Typoplatic Sabar Pressmance 50
9. Birthplace	Due fo
12. Name Sergman 13. Birthplace Sermany 14. Maiden name Fredericka Brillian 15. Birthplace Sermany	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant mus Chas Breedcubaugh.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory Location Location Date thereof, (day) (year) (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director. Markin Ekulo Address are Usvele yed.	Msans of Injury Injured at work? 23. SIGNATURE M. D. Outing
(Date ree'd by registrar) 19 19 19 19 19 19 19 19 19 19 19 19 19 1	Address Forest Hele moderate signed 7/2

ADING INK. Supply every item of information carefully, 1^{hec} c Physicians: please write the causes of death clearly and legibly,

WITH UNFA

PLAINLY, Is especially

WRITE

PLEA

A15

SA

RESERVED FOR BINDING

MARGIN

JUL 28 1948

correct age

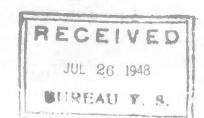
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0731() Reg. Diat. No. /85

/							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Harford				Hawford Hawford			
City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town)			tURAL and give nearest town)	Harre de	Harre de Grace		
	ace of death? 7I			(If outside city or to	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where	death occurred	i:	300 S Was	Street No. 300 S. Washington (If rural, give LOCATION)		
			.,,				
How long in hospital	or institution?		······································				
3.(a) FULL NAME Frederick Carroll Lawder				er	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDIC	AL CERTIFICATION		
Male	White	Ma	rried	0	11 11 11 anna		
	(10000			2D. DATE OF DEATH	2 19 4 Jat 7. Wi		
6.(b) Name of husba	nd or wife Grad	e M.	Lawder		e date above stated; that lattended receased from		
	000148400100000000000000000000000000000		c) If alive, give ageye	ars Massh			
7. Birth date of deceased (mo., da	Tom	I5, I		and that I last saw n	A COLORADA		
	ars Months	Days	If less than one day	Immediate cause of death	e. Asal to have I Now		
71	6	6	hrsn	nin.			
				- 6/2000 A CO	wire React During		
	lavre de C	. county, and	state)	Due to			
10 Henry occupation	Retired	Secr	etary	Carelial	Dunbosis		
		* *1		Due to			
11. Industry or busin		Lawder		a Caida	isis. Somers		
E 12. name	Havre			Dther conditions	ania.		
The second secon		Moore		(Include pregnancy	within 3 months of death)		
HE 14. Maiden nam	Roxanna	MOOTE		Major findings of operations			
2 15. Birthplace	Havre de	Grac	Θ				
16. Informant Grace M. Lawder (Wife)			(Wife)	Autopsy results			
Address 300	S.Wash.	Havre	de Grace		anse to which death should be charged statistically.		
Danie 1 7/21/1#			7/24/48	22. VIOLENCE: If death was due to en			
(Burisl cremation, or removal, Which?) (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Rock Run				Where did Injury occur?(City o	or town) (County) (State)		
Location Near Havre de Grace			.ce	Injured at home, farm, Industry, public	place (where?)		
Wennethad Dun			40	Meens of Injury	Injured at work?		
					1 D. D. S. S.		
Address Havre de Grace, Md.			IVICE.	23. SIGNATURE.	uj o pouc, a		
1) selec 2 4 19 48 G.Z. Zewo M. Contract (Date rec'd for registrar) Registrar			Z. Zewo m	Wans 6	& See Why Jon Owly 23,		
(Date rec'd)	registrar)		Regist	rar Address	Date signed		



correct age

legibly.

causes

important.

PLEASE WRITE

NS

1. PLACE OF DEATH:

How long in above place of death?..

3. (a) FULL NAME

4. Sex

Female

T. Birth date of

8. AGE:

deceased (mo., day, yr.) Yeara

10. Usual occupation... 11. industry or business

13. Birthplace

14. Maiden nar 15. Birthpiace

64

Havre de Grace

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?....

Lillian

5. Color or race

White

Aberdeen , Md.

Wm.Baldwin Aberdeen

618 Congress St.

14. Maiden name Susan Murahy Aberdeen Harry Lawder Jr.

Cemetery or crematory Angel Hill

(Date reoff by registrar)

Havrede Grace

Harry

House Wife

June 25.

(Town, county, and atate)

(If outside city or town limits, write RURAL and give nearest to

Registrar

information carefully. BINDING item of FOR ADING INK. Supply eve Physicians: please write ARGIN RESERVED PLAINLY, vis especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ma Bate signed 7-14-48

	CERTIFICA	TE OF DEATH	Reg. Diat. No. / 8 b	
es, write RURAL and give nearest town) yrs.		Street No. 618 CONCTOS	co of mother) County Harford County Harford	
Lawder			3. (0) Social Security Number	
Marr: Lawde:		20. DATE DF DEATH		
Daya 1f1 16	ess than one dayhrsmir		morriage DURATION	
inty, and state)				
	/77 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
St. Date thereof 7/15/45 (month) (day) (year)		Antopsy results		
.ll .Md.	(month) (day) (year)	Whera did injury occur?(City or to	wn) (County) (State) cs (where?)	
E. Md.	4/Ln	Maana ot Injury	Louised at work?	

JUL 16 1948

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Harlord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
County	State MIC County Largord
Cily or town (If outside city or town limits, write RURAL and give nearest town)	City or town Javede Grace
How long in above place of death?	(If outside city on town limits, write RURAL and give pearest town)
Hospital, Institution, or street address where death accurred:	Street No. 502 kiniala St.
502 Junda St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	1.4 (b) Social Security Number
Carrie Virginia	Milebell
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE OF DEATH July 3/ 1948 35-0
5.(b) Name of husband or wife Griffin W. Mkeliely	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6-3 1946, 10 / 2/ 194
7. Birth date of	and that I last saw here alive on 17-2/-48 19
deceased (mo., day, yr.) May 8 1872	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
7/ 10 2	Low way way
/6 24 0hrsmin.	
Surford to, Md:	Que la Dont Rusul
9. Birthplace	
10. Usual occupation House Dulles	
10, USUAI OCCUPATION	Due to
11. industry or business	
12. Name Treland 13. Birthplace Treland	Other conditions
Ex a such was breloud	
	(Include pregnancy within 3 months of death)
HUSU 15. Birthplace	
1 mil	Major fiedings of operations.
≥ 15. Birthplace	Date of op.
16. Interment //ary 6 the muchley	Aotopsy results
Alastode Grand IV D	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address Autolicus sund, 11.0	22. VIOLENCE: It death was due to external causes, till in the following:
17 Burial Date thereof July 24, 1998	
(Burial, cremation, or removal mich?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory, Twee Pears	Whers did Injury occur?
Nortes of to	Injured at home, tarm, industry, public place (where?)
Location Location Control Control	-1/
18. Funeral director Madison Milehelf	Means of injury Injured at work?
Apriless Havre de Grace Md.	1 Polosom of MA
July 20 16 Planing	23 SIGNATURE M. D. scother
19 (Date rec'ofby registrar) Registrar	House de Chace, mh Date signed 7-22-48

MARGIN RESERVED FOR BINDING

SA

PLEASE WRITE PLAINLY, WITH UNFADING INK: Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 24 1948

correct age PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170 C

_ //0

07383

CERTIFIC	CATE OF DEATH Reg. Diat. No. 183
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Nalson Woodwa	7-d Morse 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced medocales	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 16 19 8 21 9 4
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of Oat 7 / 8 0 2,	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Crushing rying lift chest
9. Birthpiace Cook town, county, and state)	Due to
ID. USURI OCCUPATION.	Due to
11. Industry or business 12. Name Sloral W. Prarel 13. Birthplace Cooptown, Fax. C	Other conditions. Compound facture — — — — — — — — — — — — — — — — — — —
14. Maiden name Laura Green Green 15. Birthplace Baltimore, mo	Major fiediogs of operations.
₹ t5. Birthplace	Date of op.
16, Informant New Layers Bull,	Autopsy results
Address . White Hall, ma	2. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year	148 A . O
Cemetery or crematory.	Injured at home, farm, industry, public place (where?) Md Rowle # 2-3
18. Funeral director Martin F. Keinty	Meens of Injury tis carhir truck injured at work?
Address Jarretterle! M	a. 23. SIGNATURE Desald C Talmer M.D.
Duly /8 (Datefree d by registrar) Reg	Active Deputy Medical Examine the ristrar Address Date signed 7/16/4

JUL 20 1948

RUPEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07314

CERTIFICATE OF DEATH

Reg. Dist. No. 182

Ж		
	1. PLACE OF DEATH: for your	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
	City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
1	Hospital, Institution, or street address where death occurred:	Street No
		(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war.
	FRANK M NELSON	3. (b) Social Security Number 2/4-24-32.76
	4. Sex 5 Color or race 6.(a) Single; married, widowed, or divorced	MEDICAL CERTIFICATION
	Male White Married	2D. DATE OF DEATH. July 27 1948 at
	6.(b) Name of husband or wife Goldie & Melson	21. I CERTIFY that death occurred on the onte above stated; that attended deceased from
		Que 1- 1848 to tuling 2 1948
	7. Birth date of deceased (mo., day, yr.) august 6, 1881	and that I last saw heezan alive on 19. Immediage fanse of death DURATION
-	8. AGE: Years Months Days It less than one day	Ch. myocardial Disease 2 yr.
	66 // 21nin.	A
	9. Birthplace grayson Co, Va.	Due to
	Town, county, and state)	
	10. Usual occupation	Due to
	E 12. Name Mutched Nelson	Other conditions Execution Happerlausion 5900
	13. Birthplace Grayson Co. Va	
		(Include pregnancy within 3 months of death)
	14. Malden name Maggie Mitchel 15. Birthplace Is was or Co. Va	Major findings uf uperations
	16. Informant Mrs. Ennie Melson	Autopsy results
	Address Forest Hill Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	B No. 1/20194	22. VIOLENCE: If dealh was due to external causee, fill in the tollowing;
	(Burial, cremation, or removal Which?) Bate thereof (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
0	Location To O To Bloom Miles	Injured at home, farm, industry, public place (where?)
	18. Funeral director. To. Bailey	Means of Injury Injured at work?
	Address Darlington My	23 SIGNATURE Willowd P. / Ledson m.D
pl.	19. De 2 7 19 48 C. Hurk Wate rec'd by registrar) Registrar	Address Found / Lol Ma Dale signed 7/27/xx
	Moute tee a placement	

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 24 1948

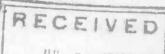
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County Harford			2. USUAL RESIDENCE (FIGURE) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Aberdeen (If outside city or town limits, write RURAL and give nearest town)			State Karyland County		
How long in above place Hospital, institution, or Station	street address where d	Lacket W.	City or iown Aberdeen (If outside city or town limits, write RURAL and give nearest town) Street No B-3-4 Baldwin Lanor, Grant Ave. (If rural, give LOCATION)		
		Little Br. All M. Accorded to W. H. C. S.	2.(a) If veteran, name war		
3. (a) FULL NAM		Director Toron 1/27 (1911)		3. (b) Social Security N	umber
	OY NELSON -	- PETER JOHN NELSON [6.(a)Single, married, widowed, or divorced			
4. Sex			MEDICAL CEI	RTIFICATION	
MALE	WHITE	Single	20. DATE OF DEATH 16 July 1948	1948 ,	3.A.
The second second		6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above 7:30 PM 15 JULY 19 4 and that I last saw h.im alive on 15 J	8 , 3:00 AM J	1948
8. AGE: Years		Days If leas than one day	Immediate cause of death Prematurity		DURATION
9. Birthplace (Town, county, and state)			Due to. Premature Labor		***************************************
ff. Industry or busines			***************************************		
12. Name Lloyd Stanley Lelson 13. Birthplace Mayville V. Dakota			Other conditions		•••••
14. Malden name Mary Ons 15. Birthplace Maricao, Puerto Rico 16. Informant Mrs Mary O Nelson (mother)			(Include pregnancy within 3 mo		
f6. Informant Mrs Mary O Welson (mother) Address B-3-4 Baldwin Manor, Aberdeen, Md.			Autapsy results		
Burial (Burial, cremation, or remove Which?) Date thereof (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following; Accident, aulcide, or homicide		
Cemetery or crematory			Where did injury occur?(City or town)		
Location Havre de Grace, Md.			Injured at home, farm, Industry, public place (where?)		
f8. Funeral director ar de Grace, Md			Meana of Injury	Injured at work?	
19 July 16 19 48 Mellie H. Sirley			23. SIGNATURE MALTER M. WOLFE Sta Hosp, Aberdee	n PrGr, 1.M. D. 9	othguly 4



JUL 21 1948

PLEASE WRITE

A15

SA

FOR BINDING

IARGIN RESERVED

correct age

(Date rec'd by registrar)

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

07316

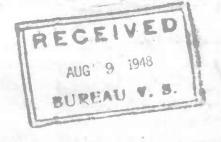
Date signed

CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH Reg. Diat. No		
County	UILY OF TOWN	
3. (a) FULL NAME My Grand G. Osho A Say 5. Color or race 8. Jo Single, mariled, widowed, or divorces	3. (b) Social Security Number	
4. Sex 5. Color or race 8. Ja) Single, married, widowed, or divorced Fernale White Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH	
8.(b) Name of husband and a light later la	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
T. Birth date of deceased (mo., day, yr.) Warch 27-1883	and that I last saw h	
8. AGE: Years Months Days If less than one day	min. Melastatic Ca-Skulf 141	
9. Birthplace (Town, eduty, and state) 10. Usual occupation	Oue to.	
11. Industry or business 12. Name 13. Birthplace 13. Birthplace 14. Name 15.	Dther conditions	
14. Maiden name Mary Jane Broschool 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations.	
16. Informant May Mina M. Perry	Autopsy results	
Address 17. Baie thereof Carlot, 2 - 19 (Buriat, eremation, or removal. Which?) (mynth) (day) (3		
Cemelery or crematory Chestical Markows Con	Whare did injury occur?	
18. Funeral director Agricultury James Sans	Means of injury Injured at work?	
Address Cherlen md	1 (Soll the kes	

Registrat

Address ..



age

Supply every item of information carefull please write the causes of death clearly and

WRITE PLAINE is especial

PLEASE

A15 SA

FOR BINDING

MARGIN RESERVED

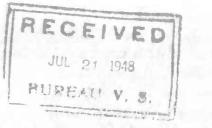
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

16/a

CEDTICICATE OF DEATH

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn nearts live residence of mother) State
PRESDERRY, BERDEN JR. 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
MALE COLORED SINGLE	20. DATE OF DEATH 18 3014 19 48 at 200 P.
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace HANRE DEGRACE, HARTORD. Co., Md. (Town, county, and state) 10. Usual occupation. 11. Industry or business NONE 12. Name	21. I CERTIFY that death accurred in the date above stated; that I attended deceased from 19. 8. to 19. 4. Immediate cause of death
16. Informant Address Darling/Wn, (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address Darling/Control Address Darlin	Antopay results



2411 N. Charles St., Baltimore

170 C

7)	Maria and
()	73218
0	12015
	183

CERTIFICAT	E OF DEATH Reg. Diat. No/83
1. PLACE DE DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Exp newborn in fants give residence of mother) State (County)
How long in above place of death?	City or town
3. (a) FULL NAME. Sleel Jane Pichardson	3. (b) Social Security Number
Femal While Single, married, widowed, or divorced	20. DATE OF DEATH 1948 218.10 Pm
6,(b) Name of husband or wife	21. I CERTIFY Indit death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Left 12 1939	and that I last saw h
8. AGE: Years MogRs Days It less than one day	skull compound.
9. Birthplace	Oue to Wase & Faunt
10. Usual occupation 11. Industry or business	Due fo
12. Name Verbert Pichardson 13. Birthpiace D. C.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name alice B. Bushins 15. Birthplace Rising Sten And	Major fiediogs of operations.
16. Informant alue Ruhardson	Autopsy results
Address 17. Button Bate fhereof. (Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or handstood
Cometery or oremetery West Ostungham Location Colora Indi	Where did Injury of Country (City or town) (Country (State) Injured at home farm, Industry, public sace (where 1997)
18. Funeral director Pierry Lun Mar	Means of Mary I I I I I I I I I I I I I I I I I I I
19 taly 12 19 48 a.L. Lewis m. D (Date refd by registrar) Registrar	Austria & Sun Mate signed 1/2- 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

age

JUL 14 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

92d

07319

CERTIFICATE OF DEATH

er. Diat. No. 181

CERTIFICAL	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Oncida L. Riche	J. (V) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH 18.75. 21 10:15
8. AGE: Years Months Days if less than one day hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated: that I ottended deceased from 19
14. Maiden name. Carlos States 15. Birthplace Carlos States 16. Informant. Sulas O. M. M. Maiden Name. Md. Address 13 6. Bullai are, alexandra Md.	Major findings of uperations
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Lection	22. VIOLENCE: If death was due fo exfernal causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Address Hand Address Hand Address Hand Address Hand Address Hand Address Hand Address Registrar Registrar	Meens of injury Injured at work? 23. SIGNATURE Address Address Address

NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and

PLAINLY, V is especially

PLEASE WRITE

BINDING

MARGIN RESERVED



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1172911

CERTIFICATE OF DEATH

		1150
Reg.	Diat.	No. 182

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 2 4 46 5	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or thalltuilon?	2.(a) If veteran, name war
3. (a) FULL NAME Q Q QQ	3. (b) Social Security Number
Cearl Elloe	ROE
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W M	20, DATE OF DEATH 21 1948 21 350P
Wester C. Ras	21. L CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife WWW C	21. Centify that death occurred on the date above stated; that I alreaded deceased from
7. Birth date of	and that I last say her alive on Dury 21 1948
deceased (mo., day, yr.) / / (A) - 8 - 188	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cenebral demandage 4 hrs.
6/hrsmin.	
9. Birthplace Forest Hill Md	Due 10
(Town, county, and state)	
10. Usual occupation House Wife	Oue to
11, Industry or business	Δ
12. Name Staphen AMCCommons.	Diher conditions Essential Tresperseis
	(Include pregnancy within 3 months of death)
14. Malden name: MARY C BANNISTAN	
15. Birthplace	Major findings of operations.
1 / 1 / A D	Date of op.
10, (11) 01 (11)	Autopsy results
Address Bel Air, Mo	22. VIOLENCE: If dealh was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Dalo lhereof	Accident, suicide, or homicide
Cemetery or crematory Described Williams Charles M. E.	tution did latery again?
Location Chastaut Hill Mit	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address (OSE) Air, Md.	him. 1.6.00 0 61. 1.
7/92 48 Pfarmond	23 SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Forest Hear models signed 7/22/45

RECEIVED

JUL 27 1948

RECEIVED

JUL 21 1948

· 2411 N. Charles St., Baltimore

07322

CERTIFICA	TE OF DEATH Reg. Dist. No. / O
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) tf veteran, name war
Charles E. Anich	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male Wille Wifowel	MEDICAL CERTIFICATION 20. DATE OF DEATH. Suly 22 1948 at 11 15 A
6.(b) Name of husband or wife Susu Smith 6.(c) If alive, give age year 7. Birth date of 7.6 / 8.70	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
8. AGE: Years Months Days It less than one daymin	Immediate cause of death DURATION Cerebral Neuronbage
9. Birthpiace	Due fo
11. Industry or business Cistainant + 7 averu	Due to
12. Name 6 hardes & Smith 13. Birthplace Balterwore mis	Dther conditions
14. Maiden name Elnora Batchelor 15. Birthplace Baltinge und	(Include pregnancy within 3 months of death) Major findings of operations
(Paul R Smith	
Address Phuston Md	Autopsy results. PHYSICIAN: Please auderline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Bate Ihereof. July 26/94 (monyh) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematery Thanking Maruland	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director / Horrard 10. Me Corms von	Maans of Injury tnjured at work?
Address abugdon med	23. SIGNATURE JUST Aulanes MA
19 feel 26 19 48 Mane M. Malsdall Registrar)	M. D. Flother

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefull, important. Physicians: please write the causes of death clearly and

PLAINLY, W

WRITE

PLEASE

A15 N

RECEIVED

JUL 28 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

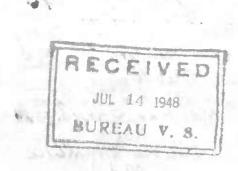
CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	City or town (1f outside city or town lim Street No. (1f rural, gi	ounty
3.(a) FULL NAME George W Stand . T.	ord.	214-18-2786
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		CERTIFICATION 9 19 78 at
6,(b) Name of husband or wife Bessia Benneth Ben	Due to	DURATION Smonths of death)
15. Birthplace 16. Informant	Autupsy results	which death should be charged statistically. causes, fill in the following: Date of
Address Belan, mg. 19. 7/2 (Date (cc'd by registrar)) 19. (Date (cc'd by registrar)) Registrar	23. SIGNITURALES BAL	M. D. or other Date signed 7/2/

MARGIN RESERVER FOR BINDING

WITH UNFADING INK important. Physicians:

SE WRITE

PLEA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

The correct age

MARGIN RESERVED FOR BINDING

9-45-15M

VS

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 222d County Dorford
City or town	Jan
	City or town
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mala white Simple	20. DATE OF DEATH July 9 19.4 8 21 4 G.
may with the same	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended daceased from
	19 7 10 19 19
7. Birth date ot 8.(c) It alive, give age yea	and that I last saw have alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Immediate cause of death
83 8 29hrsnr	11. Myor a delis
11-1 lan med	Due to.
9. Birthplace (Town, county, and state)	908 TO
PT 1 5	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name	Dther conditions
E 13. Eirthplace Johnson The	(Include pregnancy within 3 months of death)
Will the state of the state of	
E 14. Maiden name	Major findings of operations
15. Birthplace 3 & La Pa	Date of op.
01. 7. 2	
16. Informant	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address - Jame Due Cal	
12 D A Little March	22. VIOLENCE: It death was due to external causes, till in the following:
(Burlal, cremation, or removal, Which?) Bale thereot. (month) (day) (year)	Accident, suicide, or homicide
(Burlai, cremation, or removal. Whichi) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Poly 10 mil	Injured at home, tarm, industry, public place (where?)
Location Location	••••
12 Margael Well	Means of injury injured at work?
18. Funeral director	···
Address Frame Drove 14	el Colon 1 ch 2/ ms
2 00	23. SIGNATURE M. D. or other
10 ac 12 1948 Thomas & Prous	U 3. L P. 0 1.9 10
(Date pec'd by registrar) Registr	ar Address / aun Date signed Date signed



DEC 29 1948

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA				2. USUAL RESIDENCE	E (HOME) OF	F DECEASED:	
County Harford		.		nty Harford			
City or town Aberdeen Proving Ground (If outside city or town limits, write RUKAL and give nearest town)		• 11		Nty	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
How long in above place	of death? 6	lavs		City or town(If outside	city or town limits	, write RURAL and give nea	rest town)
Hospital, Institution, or	street address where	death occurred	d:		x 522	************************************	
Station Ho	*****************************	<u>erdeer</u>			(If rural, give	LOCATION)	***************************************
How long in hospital or	Institution?8	lar 48	to 27 July 48	2.(a) If veteran, name war		•••••••	
3. (a) FULL NAMI						3. (b) Social Security	Number
	VOLLER:	ISEN, I	SABEL A.				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	1	MEDICAL CE	RTIFICATION	
Ferale	White		Married		28 Jul 35	19. 48.	. 3.30 A.
2 0110120		87 - 3		2D, DATE OF DEATH			
6.(b) Hame of husband	or wife T/SET	ALVIII	Vollertsen	1		ve stated; that 1 attended decea 48, to 28 July	
7. Girth date of	***************************************	6.(c) If alive, give ageyea			July	
deceased (mo., day, y	July	y,21,	1905		Heart Fai	lire	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death			DURATION
43		7	hrsml	7.	••••••	······································	***************************************
9. Birthplace LeHigh County, Penn. (Town, county, and state)		Due to Diabetes	. Vellitus		25 yrs		
10. Usual occupation Housewife			•••••				
		Due to Arteriose	lerosis,	reneralized			
11. Industry or business							
Unknown 13. Birthplace USA				, arteriolar			
		Hypertensive	cardiovas regnancy within 3 m	cular disease			
置 14. Maiden name - Unknown		. Infarct of my	ocardium,	, gangrene bot	h legs		
14. Malden name	USA						
	shand Alv	in Vo	llertsen.T/Sat				
16. tnformant Husband Alvin Vollertsen, T/Sgt. Address Edgewood, Maryland (Army Chemical C			PHYSICIAN: Please under	ine the cause to wh	ich death should he charged	statistically.	
				22. VIOLENCE: If death wa	is due to external caus	ses, fill in the following;	
Transportation (Burial, cremation, or removal, Which?) Transportation (month) (day) (year)		Accident, suicide, or homicid	A STATE OF THE STATE OF	Dale ot			
Cometery or crematory Francis F. Seidel Funeral			(City or town)	(County)	(State)		
	Sinking Springs, Pa. Injured at home, farm, Industry, public place (where?)						
18 Funeral director	oward K.	McCo	mas & Son	Means of injury		Injured at work?	
				(/)	11/1	1.01/2 . /	MHMO
Address Abingdon Maryland		23. SIGNATURE	av 14 W	/cccam /	or other		
19. (Date rec'd by re	ristrar)		Ellie H- Weighter	21		M. D. d. Date signed 2	

and the public in

CHARLES OF STATE SHEET

THE CONTRACTOR OF THE CONTRACT

RECEIVED

AUG 4 1948

BUREAU V. S.

and the state of t

RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

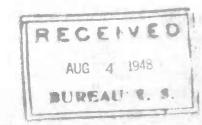
2411 N. Charles St., Baltimore

1246

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Harrord County Havre de Grace City or town. Havre de Grace City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 23 yrs. Hospital, instilution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Marshall Clydia Waller	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Harford City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town) IIO S. Washington (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH Sely 3/ 19.48 21/20 M		
6.(b) Name of husband or wife Louise B. Waller 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 3/IS/L2887	21. LCERTIFY that death occurred in the date above stated: that t attended deceased from 19.4.6		
8. AGE: Years Months Days It less than one day 6 T T T T T T T T T T T T T T T T T T	Immediate cause of death DURATION		
9. Birthplace Delaware (Town, county, and state) 1D. Usual occupation. Photographer 11. Industry or business 12. Name. Unknown 13. Birthplace 14. Malden name. If 15. Birthplace 16. Informant Louise B. Waller Address Havre de Grace 17. Burial (Burial, cremation, or removal, Which?) Date thereof. 5/3/45 (month) (day) (year)	Due to		
Cemetery or crematory Angel Hill Location Havre de Grace	Where did Injury occur?		
1B. Funeral director. Pennington & Son Address Havre de Grace (Datofee'd by registrar) (Datofee'd by registrar) Registrar	23. SIGNATURE		



ARRIVATION OF THE

7-12

MARGIN RESERVED FOR BINDING

VS 151

BALTIMORE CITY HEALTH DEPARTMENT

G 117 AUG 27 194CERTIFICATE OF DEATH 168

Registered	No.	2/	8/	

1. a.		
(e 18)	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
7	(a) Baltimore City, Maryland	(a) State Md. (b) County
ins	(b) Street address Aberdeen, Harford County, Md.	(c) City or town Baltimore,
7	(c) Hospital or institution:	
y.	***************************************	(d) Street No. 5608 Benton Heights Avenue
are	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)
leg	(e) Length of stay in Baltimore (yrs., mos., or days)Life	If yes, name country
pu		n yes, manie country
should be carefully supplied	3 (a) FULL NAME SHIRLEY WILL	
of information shouless of death clearly	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
on	No.	20. DATE OF DEATH July 31, 19 48 at 2: 30 AM
ati	4. Sex 5, Color or race 6 (a) Single, married, widowed, or	20. DATE OF DEATH
de r	4. Sex Female 5. Color or race 6 (a) Single, married, widowed, or divorced. Single	21. I certify that I took charge of the remains described above, held an
of of of	None None	Autopsy thereon and from the evidence obtained
f in	0 (0) Name or husband or wire	Autopsy, Inspection or Inquiry
n of	6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
iten he ca	7. Birth date of deceased (mo., day, yr.) January 26, 1930	to her death on the day stated above, and death in my
Every item write the cause	8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
ver e	18 hrmin.	
Eve write	9. Birthplace Balto., Maryland	homicide , undetermined and that the causes of death were: Strangulation
Se.	9. Birthplace (Town, county, and state)	IMMEDIATE CAUSE OF DEATH.
reserving INK.	10. Usual Occupation Bookkeeper	
2 G	11. Industry or business	\$411101
MAKGIN UNFADING Physicians:	Harry H. Will	Due to
AD Cia	12. Name Baltimore, Md.	
YE,	13. Birthplace	***************************************
L PG	14. Maiden Name Lillian M. Layton	Other Conditions
田	14. Maiden Name Baltimore, Md.	
ILY, WITH important.	15. Birthplace	(Include pregnancy within 3 months of death)
- 51	16 (a) Informant Harry H. Will (father)	22. If an external cause was primary or contributing cause of
PLAINLY,	(b) Address 5208 Benton Heights Avenue	death, fill in the following:
	Burial 8-4-48	(a) Date of injury 7/30/48 at Between 10 5 11 P.M.
FE PLAIN especially	17 (a) Barrar (b) Date thereof	-0-
	(Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal)	(b) Where did injury occur? Eadman and Swelan have
I'E est	(c) Cemetery or crematory	(c) Did injury occur at home, on farm, industrial place, in public
WRITE e is esp	Location Taylor Avenue	place? While at work?
5.0	18 (a) Funeral director Lilly & Zeiler Inc.	(d) Means of injury
	1001 Mastern Avenue Balto. 31	5 1 4
PLEAS	(0) Address	23. Signature M.D.
PLEA	19 (a) aug 3 (b) 48 a. v. Jeduch	Date signed August 1, 1948 Medical Examiler
H O	(Date rec' by registrar) Registrar	